## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-799-221

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS					. (0010	1			 T	OR 7		
101/202111110			33		•	· · · · · · · · · · · · · · · · · · ·		RATE	FEE	4	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			33 minus 20=		• 13			X\$ 9=	117	OR	X\$18=	
IN	DEPENDENT C	LAIMS	4 minus 3 =		1			X43=	43	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	545	OR	TOTAL	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9= ·		OR	X\$18=	
	Independent	*	Minus	***	CL A114	=		X43=		OR	X86=	
<u> </u>	PIRST PRESE	NTATION OF M	JETIPLE DEF	PENDENI	CLAIM			+145=		OR	+290=	٥
								TOTAL	-	OR	TOTAL ADDIT. FEE	
	•		ADDIT. FEE			ADDII. PEEI						
		(Column 1) CLAIMS		(Colum	ST	(Column 3)	Г		ADDI-	1	· · ·	ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		= , ·		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									, on		
								+145=		OR	+290=	
								TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40-		OR	7002	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ODIT, FEE	
****  	t the "Highest Nur The "Highest Num	nber Previously Pa ber Previously Paid	id For" IN THIS I For" (Total or	S SPACE is Independer	less than nt) is the i	3, enter "3." highest number		,	opriate box	-		